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THE MONTANA MAVERICK

A publication of Warm Springs State Hospital, Warm Springs, Montana

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BACKGROUND NOTE

The DeWitt article on the following page is of special interest since it comes from a person with considerable experience in another progressive state system (Colorado) and also at a Regional Mental Health Center in this State.

The Division of Mental Hygiene began work on regionalizing the State after we had succeeded in having Senate Bill 85 (Montana's Community Mental Health Act) passed into law by the 1967 legislature.

The Eastern Region of 16 counties was the first to be so organized and in December, 1967 we received word that our Federal Grant Application was approved. For about 12 months education and consultation in the areas was the priority, then in October, 1968, we were fortunate in recruiting Dr. DeWitt from Colorado as program director for Eastern Montana Community Mental Health Center and from this point service delivery became a top priority and largely due to his efforts and innovative approaches became a reality.

In December 1969 we were therefore fortunate in recruiting Dr. DeWitt to fill his present onerous role which entails responsibility for planning and supervising psychology services, both within the hospital and throughout our State Community Mental Health Services.

Stanley J. Rogers, M. D.
Superintendent and Director
Division of Mental Hygiene

MENTAL HEALTH IN MONTANA
- A CURRENT OVERVIEW -

Since this is my first opportunity to contribute to "The Maverick", I would like to take this opportunity to make some observations about the development of Mental Health Facilities in the State of Montana and program advancements since December 1, 1969.

Aside from the rather generalized public questions and statements of people not familiar with the West or mental health developments in Montana such as: "What's There?" --- "Isn't that the Ice Box of the U. S.?" --- "50 years behind the times" --- "Can't get good people to go out in the boonies.", we find, as mental health workers in the state that we are neither particularly behind the times nor are we encountering unusual difficulty at this time in recruiting personnel with excellent professional and personal qualifications.

As a matter of fact, after recent attendance at a WICHE Conference in Phoenix, Arizona, I observed that as far as developments in mental health service programs in Comprehensive Community Mental Health Facilities are concerned, that we are not only current, but in many ways in advance of many of our neighboring states in programs and service delivered.

For example, at the Eastern Montana Comprehensive Community Mental Health Center conventional programs exist for citizens such as individual and group psychotherapy, psychodiagnosis, etc., however, the unique feature in the delivery of these services is that they are delivered as close to a client's home or community as possible with maximum convenience to the patients.

Also in existence at the Eastern Montana Center is a highly developed and active Citizens Participation Branch that rivals California in delivery of meaningful community mental health service through a corps of conscientious and concerned volunteers. Volunteers are accepted by request, oriented and trained in Mental Health Service by Center personnel in work utilizing their existing interests, training and motivations.

The idea of regionalization and Comprehensive Community Mental Health Center development is moving as rapidly in Montana as in other states in the nation with a cleanliness in organization and administration that makes for a meaningful, efficient and economic service delivery to Montana's citizens.

Unique programs relating to the special requirements of troubled youth; neglected or abandoned elder people, rehabilitation of female prisoners, retarded or other mentally handicapped children in the community, and minority groups with special problems in social adaptation, are either active on a large scale, or in pilot study phases at the present time.

A new statistical and information retrieval system is presently past the development stage and may be activated soon. It will meet the requirements for local, state, and federal reporting and will compare favorably with any mental health information gathering system in the current literature.

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The Montana Data System is designed specifically with the recovery of useful and usable information in mind, and with maximum economy and minimum communication breakdowns as an aim.

While in Washington, D.C. recently at a Data Mental Health Association Meeting concerning Mental Health Manpower, we found that Montana's utilization of technical manpower to be as progressive as the other states in so far as extension of professional technology thru in-service training and specialized innovative program design was concerned. Some new and fresh ideas for programs to meet the mental health needs of people will undoubtedly be adapted to our use in Montana.

I had the opportunity to speak with several members of our State Congressional Delegation, including our very supportive Senate Majority Leader, Mike Mansfield, all of whom showed a genuine concern for health delivery systems to our people. They are exerting considerable effort toward enhanced mental health programs not only with a concern for our state, but with a concern for the welfare of the nation.

Advancements of the Mental Health programs in Montana is reflected by the additions to staff since last November of Dr. Kyle Pierce, Psychologist Director, Department of Psychology at Warm Springs State Hospital, and Dr. Charles Katz, Psychiatrist, Director of the Missoula Mental Hygiene Clinic.

Dr. Pierce has made important strides in improving services of the Psychology Department at the Warm Springs State Hospital by initiating ongoing in-service training seminars in testing, diagnosis and therapy, at an advanced level. He has also initiated a standardized test battery enabling his department to perform psychodiagnostic work with increasing exactitude and laying the ground work for future meaningful research and program development.

Dr. Katz is a great asset not only to the Missoula Clinic, where he conscientiously struggles with system overload and new program development, but to the state. He brings to us not only a mass of helpful expertise but a warm personality and a sense of humor as well.

These things related here are only a portion of the exciting events taking place in Mental Health in Montana. To answer the question of people not familiar with mental health developments in Montana, such as: "What's There?" --- I think we can honestly say, "There is where the Action Is".

Charles R. DeWitt, Ph.D.
Chief Psychologist
State of Montana

A NEW RESOURCE

For a long time everyone has recognized the need for a work evaluation center for rehabilitation candidates. In the past we have used many out of state facilities for evaluation and have found it, for the most part, to be unsatisfactory. In addition to this great financial expense, the counselor lost contact with the client and crisis intervention was impossible.

When evaluation, training and placement is attempted out of the state it is with the understanding that lines of communication be left open, but what usually happens is the problem is such that it requires immediate attention. It is impossible to provide this over long distance and the client does not get the necessary assistance. In the Butte Sheltered Workshop we now have a new resource for the evaluation of clients from the State Hospital. One individual from Warm Springs State Hospital has been evaluated and successfully placed. It is of special notice that this young man spent eighteen months in and out of state evaluation facility at a great deal of expense to Vocational Rehabilitation, and he had to be returned to this hospital. This was due in large part to the loss of personal contact with his counselor.

Within the next month two more individuals from the State Hospital will begin an evaluation at the Workshop. It is hoped that they can do as well as the first candidate. If something unforeseen does come up, however, the local Vocational Rehabilitation Office is less than one block away. If psychiatric attention is necessary it can be provided almost immediately. Clients from Warm Springs State Hospital are being followed very closely through the evaluation by their hospital doctor and a slow weaning away from hospital dependence can be accomplished.

I think we are fortunate in getting such a fine, well-staffed facility located so close to the State Hospital. Through continued close cooperation with the Hospital, the Workshop and the Division of Vocational Rehabilitation, I think we can do a great service to a number of very deserving, less fortunate human beings, and we can also continue to improve and expand the services of the Butte Sheltered Workshop.

Charles McCarthy
Vocational Rehabilitation Counselor

ADMINISTRATION

Administration means many things to many people and in all probability no two people would define it the same. Webster's definition of administration is "performance of executive duties; the act or process of administering; management". To some of you who deal with us it may mean "confusion".

Basically, administration as it applies to the hospital concerns three basic operations, i.e., fiscal, personnel and supply. A basic conception of each is as follows:

FISCAL: Initially this begins with preparation of a budget for submission through the executive branch to and for the approval and appropriation of funds by the Legislature. Appropriated funds are allocated by program to the various categories, e.g., personnel services, communications, travel, equipment, supplies and materials, etc. Accounting for and projecting of expenditures is a primary fiscal responsibility to prevent over-expenditure. In essence this is about the same as reconciling your bank account to prevent being over-drawn. Fiscal activities concern themselves with the most minute operation of the hospital running the gamut from paying salaries, to purchasing pens and paper clips. The replacement of a light bulb to painting a wall involves fiscal accounting. Take away our funds and we cease operation.

PERSONNEL: This is an important segment of the administrative operation that affects us all since we as individuals constitute personnel. Our job descriptions, salary raises, appointment and/or terminations all relate to personnel and our operation is no better than the people who run it. Personnel means recruitment, interviewing, appointment, work performance evaluation and a place to present grievances, suggestions, etc. It can be a sounding board for employee morale and be the liaison between all departments of the hospital. It provides assistance to the department and insures qualified employees are available to perform necessary functions.

SUPPLY: Last but not least is the supply operation. A look around you will point out the connection supply has with your daily duties be it clerk typist, psychiatric aide or maintenance man. Civil War buffs will remember Jeb Stuarts "Get there fustest with the mostest". That's supply, whether it's fighting a war or operating a hospital, and both can be h*!!. Thousands of items from hypodermic needles to all types of foods must be requisitioned, stocked and issued to insure continuity of operation. Supply is the same as our money -- take it away and we cease as a functioning unit.

In summary the foregoing may be of little consequence on the surface but when we stop and analyze all the interlocking functions its obvious all are indespensable. We need the money, we need the personnel and we need the supplies.

Raymond W. Gregory
Business Manager

COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTER PROGRAM

- A GENERAL OVERVIEW -

Senate Bill 85 (Chapter 246, Montana Sessions Law, 1967) expanded the duties and services of the Division of Mental Hygiene of the State Board of Public Instructions by establishing and conducting mental health clinics and community comprehensive mental health centers. In part, Senate Bill 85 also authorized the formulation of mental health regions and regional boards with the intent of developing and delivering mental health services on a community level through a cooperative arrangement with local, state, and federal governments.

The State of Montana is divided into five regions or "catchment areas" based on population distribution, trade centers, Hill-Burton (Harris) regions, and other factors. It is hoped, that eventually a comprehensive mental health center can be developed in each of these regions; however, it should be noted that a county or counties in a region may choose not to participate in the regional mental health program.

A Regional Comprehensive Community Mental Health Center is an agency that organized mental health resources under one unified administrative structure to provide a full-range of services to the people who need them. All of the resources can be brought to bear in a single unified effort for treatment and rehabilitation in or near the patient's home community and as soon as possible after the emotional crisis has occurred.

A Center need not provide all services under one roof or in one building, but all services, because of the administrative structure, are available immediately when needed. A "comprehensive" program must provide, but not be limited to the following five essential services:

1. Short-term 24 hour inpatient services (such as in local general hospitals)
2. Out patient services
3. Partial hospitalization (such as day-care, night-care, weekend care, etc.)
4. Emergency 24 hour service in one of the three elements of service listed above (usually inpatient)
5. Public information and education services (mental health consultation to schools, ministers, physicians, courts, police, welfare, and other service agencies in the community.)

At this time, only one comprehensive center is operating in the state. This is in Region V, Eastern Montana, operating out of Miles City and Glasgow.

Coming in future issues of the Maverick: a more detailed look at Senate Bill 85, and a Region by Region progress report.

James W. Scriver, ACSW
Community Services Consultant

DESIGN OF A DATA BASE SYSTEM FOR COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTERS

The State of Montana presently has one fully operating Comprehensive Community Mental Health Center. Four additional Centers are now in the planning stages. As these Centers become operative, an ever increasing demand for a standardized data collection system will be placed on Montana's Division of Mental Hygiene. Foreseeing this problem, the Division at Warm Springs State Hospital to initiate a pilot program of data collection, using its one operating Center as a testing ground.

In this particular pilot study, the kind of data collected is related to those elements of service provided by Mental Health Centers. These services are:

1. Inpatient care
2. Outpatient care
3. Partial Hospitalization
4. 24 hour Emergency Service
5. Consultation and Educational Service

Data from the above elements of service will be separated into three categories:

1. Patient Data
2. Staff Data
3. Total Center Data

Patient data will include general identifying information about the patient such as age, sex, etc, and specific information pertaining to the patients present illness. Staff data includes information about each staff members daily activities concerning the elements of service provided by the Center. Total Center data will reflect the daily general operating procedure of the Center.

The primary use of the above data will be to complete Federal and State reporting. In the past this has been a costly and time consuming task. This pilot study will attempt to reduce this cost and time by utilizing the IBM equipment located at the State Hospital. Secondary to report writing, data collected in this system could be used as a method of cost accounting. With a good cost accounting system each County attached to a Center would be able to see at a glance just how much service they are getting for their money.

The design of the above system is now complete. The next step is instrumentation of the system, hopefully this will come about in the early spring of 1970.

Sam Campanella, M.S.
Special Projects

MASTERS OF NURSING PROGRAM IN PSYCHIATRIC NURSING

September 1969 marked the beginning of a new NLN accredited education program at Warm Springs State Hospital. Although student nurses have been receiving their basic psychiatric nursing course, under the direction of Montana State University, at this Hospital since 1941, the demand for a program on the Master's level gave impetus to the development of such a program here.

This program affords depth of knowledge from the social and natural sciences from which nursing knowledge is synthesized. The practice of nursing holds content in many common areas in addition to that which is specific to one area of specialization. Students are able to complete the Master's Program in four quarters with an option to take a fifth quarter and are encouraged to do so. The first, third and fourth quarters are based at Montana State University, Bozeman. During these quarters the student studies courses which provide opportunities for the personal and professional development of her potential in nursing with special emphasis on psychiatric nursing. During the program nursing knowledge is studied and further tested and new knowledge sought through systematic research methods. Her leadership role is believed to involve not only the orderly accumulation of knowledge but also to disseminate and apply this knowledge in nursing and the improvement of the nursing care.

When a student enters the master's program she elects which one of the speciality areas, Medical-Surgical, Maternal-Child or Psychiatric Nursing upon which she wishes her advanced work to be mainly focused. Throughout the four or five quarters a core curriculum is used. However, the area of specialization determines the clinical experience and the minor courses are primarily concerned with this area.

The three students, our first group, began their work on their Master's Degrees in September on the Bozeman Campus. However, through the use of the teleconference, a telephone hookup for conferences, the instructors at Warm Springs were able to participate in classes with the students so that before they came to Warm Springs they had already had some exposure to Psychiatric Theory and nursing interventions. When the students came to the Hospital in January, they were warmly welcomed by the staff members and employees of the Hospital. The students commented frequently upon the help they were receiving from all levels of employees and expressed their appreciation for such help. During the four weeks of the experience at Warm Springs, which all agreed was much to short a time, they worked in depth with one patient working closely with the doctor in the particular team. They were each assigned to a specific unit and were encouraged to participate in the treatment program working closely with other members of the treatment team. They continued to work on their professional paper, especially if this paper was dealing with clinical problems. They talked with many patients, and with the help of staff and instructors worked at improving their understanding of the field of psychiatry and psychiatric nursing, specifically focusing on the care of the hospitalized patient and their role as therapeutic change agents.

The next five weeks of the quarter they were assigned to the Mental Hygiene Clinic at Missoula. Here the emphasis was on working with patients and families in the community. They are again able to participate with the staff members at the Clinic and were much impressed by the help and concern that they have received as they work with patients. The instructors from Warm Springs have gone to Missoula each week for classes in theory and application of theory to patients and families with whom they are working. They will return to Warm Springs for one week this quarter. This will be to complete any loose ends and for purposes of evaluation.

If the student elects to take the fifth quarter, this will also be in the Clinical Area. The student will select an area, such as teaching, supervision, or administration in which she wishes to further specialize. Faculty are also working toward the development of a program for Clinical Specialists as a third alternative choice in the fifth quarter. This would prepare the student who is interested in working directly with patients. At least one of the students we now have will be returning to the Hospital for her fifth quarter next September. The students and faculty have been very happy with wonderful cooperation and assistance given by Hospital and Mental Hygiene Clinic staff and employees which has made this first venture a most rewarding experience in learning. We are looking forward to an increase in the number of students interested in Psychiatric Nursing and are already thinking of ways to improve our program.

Sue Barkley, R.N., M.S.
Education Director, Clinical Nursing
Warm Springs Extended Campus
Montana State University

EASTER - 1970

Easter is a very important day on our church calendar and it is an important event at the Warm Springs State Hospital. This year we are using the theme, "Christ Lives, Christ Conquers, Christ Reigns". This theme sums up the glory of Christ's victory over death and is the source of encouragement and hope for mankind. The truimph of wickedness and darkness was transitory - honesty and goodness in the person of Jesus Christ came forth from the tomb after three days. Our Lord's empty tomb became a guaranty for our own resurrection and proclaimed that eternal death would no longer be our lot.

It seems to be necessary for every generation to walk through the valley of either persecution or war. Could this be because so many of us refuse to walk in the footsteps of Christ? We must all suffer and die as far as this world is concerned so that our longing for eternal life will become a reality. To live with Christ eternally, we must intend to live new lives in Him and through Him.

Hoping that you will continue to know, love and serve the risen Christ and that His resurrection will always be a promise of your eternal happiness.

Yours in the Master's service,
Chaplain W. L. Roset